

DERMATOLOGY MEDICAL HISTORY FORM

(Page 1 of 2)

Internal diseases and medication side effects can manifest themselves on the skin. Therefore, it is important to identify your other medical conditions, medications and allergies to medications. Please complete this form to the best of your knowledge.

Did a doctor recommend that you see a dermatologist? No Yes: Dr. _____

Which pharmacy do you prefer? _____

General Medical History:**Have you ever been PERSONALLY diagnosed with any of the following?**

- | | |
|---|---|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Abnormal scars or keloids |
| <input type="checkbox"/> Heart murmurs | <input type="checkbox"/> Abnormal/atypical moles removed from skin |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Non-melanoma skin cancer (basal cell cancer or squamous cell cancer) |
| <input type="checkbox"/> Bleeding disorder (explain below) | <input type="checkbox"/> Melanoma skin cancer (date, body area, stage, lymph nodes removed? Explain below.) |
| <input type="checkbox"/> Artificial heart valves | <input type="checkbox"/> Herpes (circle: genital or mouth) |
| <input type="checkbox"/> Pacemaker with defibrillator | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Pacemaker without defibrillator | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Lupus, dermatomyositis or other autoimmune disease (Explain below.) |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Intravenous drug use |
| <input type="checkbox"/> Diabetes (high blood sugar) | <input type="checkbox"/> Emphysema or COPD |
| <input type="checkbox"/> Artificial joints | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Kidney disease, dialysis | <input type="checkbox"/> Hay fever (allergic rhinitis), environmental allergies |
| <input type="checkbox"/> Hepatitis (what type B or C) or other liver disease (explain below) | |
| <input type="checkbox"/> Organ transplant (what type) | |
| <input type="checkbox"/> AIDS or HIV | |
| <input type="checkbox"/> Seizures | |

Use this space for explanations AND other medical conditions (PLEASE PRINT):

General Surgical History (PLEASE PRINT):

Female patients:

Are you breastfeeding now? Y N Are you pregnant now, or plan to be pregnant soon? Y N

